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TRANSPORTER	OIL
	GAS
OPERATOR	
PRORATION OFFICE	

NEW MEXICO OIL CONSERVATION COMMISSION  
REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104  
Supersedes Old C-104 and C-110  
Effective 1-1-65

Operator <i>Fernoco Oil Company</i>	
Address <i>Box 1031 Highland, Texas</i>	
Reason(s) for filing (Check proper box)	
New Well <input checked="" type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>

If change of ownership give name and address of previous owner \_\_\_\_\_

I. DESCRIPTION OF WELL AND LEASE				
Lease Name <i>S. E. Anderson "B"</i>	Lease No.	Well No. <i>1</i>	Pool Name, including Formation <i>Wada Penn</i>	Kind of Lease State, Federal or Free <i>Free</i>
Location				
Unit Letter <i>B</i> : <i>1980</i> Feet From The <i>East</i> Line and <i>660</i> Feet From The <i>North</i>				
Line of Section <i>9</i> Township <i>9-S</i> Range <i>35-E</i> , NMPM, <i>Lea</i> County				

II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS				
Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>		Address (Give address to which approved copy of this form is to be sent)		
<i>Fernoco Oil Company</i>		<i>Box 900 Dallas Texas</i>		
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>		Address (Give address to which approved copy of this form is to be sent)		
<i>W. L. Hatfield</i>				
If well produces oil or liquids, give location of tanks.	Unit <i>B</i>	Sec. <i>9</i>	Twp. <i>9-S</i>	Rge. <i>35-E</i>
				Is gas actually connected? <i>No</i>
				When <i>Indefinite</i>

If this production is commingled with that from any other lease or pool, give commingling order number: \_\_\_\_\_

III. COMPLETION DATA				
Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover
<i>X</i>	<i>X</i>			
Date Spudded <i>9-15-69</i>	Date Compl. Ready to Prod. <i>11-11-69</i>	Total Depth <i>9930</i>	P.B.T.D. <i>9904</i>	
Elevations (DF, RKB, RT, CR, etc.) <i>GR 4177</i>	Name of Producing Formation <i>Brough C.</i>	Top Oil/Gas Pay <i>9799</i>	Tubing Depth <i>9831</i>	
Perforations <i>25, 27, 29, 9831</i>		Depth Casing Shoe		
<i>17-1" JS @ 9799, 9801, 03, 05, 07, 09, 11, 13, 15, 17, 19, 21, 23</i>				
TUBING, CASING, AND CEMENTING RECORD				
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	
<i>17 1/2"</i>	<i>13 3/8"</i>	<i>344'</i>	<i>375 SH</i>	
<i>11"</i>	<i>8 5/8"</i>	<i>4050'</i>	<i>1000 SH</i>	
<i>7 7/8"</i>	<i>5 1/2"</i>	<i>9,930'</i>	<i>185 SH</i>	

IV. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)

Date First New Oil Run To Tanks <i>11-11-69</i>	Date of Test <i>11-11-69</i>	Producing Method (Flow, pump, gas lift, etc.) <i>Pump</i>	
Length of Test <i>24</i>	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test <i>59.5</i>	Oil-Bbls. <i>59.5</i>	Water-Bbls. <i>600</i>	Gas-MCF <i>684</i>

GAS WELL			
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure	Casing Pressure	Choke Size

I. CERTIFICATE OF COMPLIANCE		OIL CONSERVATION COMMISSION	
I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.		APPROVED <i>NOV 14 1969</i> , 19____	
		BY <i>Joe H. Hayes</i>	
		TITLE <i>SUPERVISOR DISTRICT</i>	
<i>W. L. Hatfield</i> (Signature)		This form is to be filed in compliance with RULE 1104.	
<i>Prachin Train Clerk</i> (Title)		If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.	
<i>November 12, 1969</i> (Date)		All sections of this form must be filled out completely for allowable on new and recompleted wells.	
		Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.	
		Separate Forms C-104 must be filed for each pool in multiply completed wells.	

# Deviation Survey

Depth Degree

344'	$\frac{1}{2}$
860'	$\frac{1}{2}$
1355'	$\frac{1}{2}$
1853'	$\frac{1}{2}$
2220'	$1\frac{1}{2}$
2590	$1\frac{3}{4}$
2685	$1\frac{3}{4}$
3040	$1\frac{1}{2}$
3351	$1\frac{1}{2}$
3925	$1\frac{1}{4}$
4050	$1\frac{1}{4}$
4617	$\frac{3}{4}$
5241	1
5750	1
6159	$\frac{1}{2}$
6630	$\frac{1}{2}$
7003	$\frac{3}{4}$
7370	$\frac{3}{4}$
7613	$\frac{1}{2}$
7920	$\frac{3}{4}$
8028	$\frac{3}{4}$
8335	$\frac{1}{2}$
8620	$\frac{1}{2}$
8780	1
9040	$1\frac{1}{4}$
9450	1
9585	1
9690	$\frac{3}{4}$
9780	$\frac{3}{4}$
9925	$\frac{1}{4}$

The above are true and correct to the best of my knowledge.

W. L. Hatfield

Subscribed and sworn to before me this 13<sup>th</sup> day of November 1969

Jeanne Ozmen  
Notary Public

